

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 245

Primary Registration District No. 4367

Registrar's No. 142

63-040733 STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

VS 300
Rev. 4/59

10730

20730

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
INSTEAD OF

ITEM NO. SHOULD READ

BY AFFIDAVIT OF DOCUMENT

| | | | |
|---|--|--|--|
| 1. PLACE OF DEATH a. COUNTY <u>Newton</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> COUNTY <u>Newton</u> | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Ritchey</u> | | c. CITY OR TOWN <u>Ritchey</u> | |
| Length of stay in 1b <u>years</u> | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Home</u> | | d. STREET ADDRESS <u>None</u> (If outside, give location) | |
| Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/> | | Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | |
| 3. NAME OF DECEASED (Type or print) <u>Clyde (none) Armstrong</u> | | 4. DATE OF DEATH <u>Oct. 23, 1963</u> | |
| 5. SEX <u>Male</u> | | 6. COLOR OR RACE <u>White</u> | |
| 7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | | 8. DATE OF BIRTH <u>3/2/1901</u> | |
| 9. AGE (last birthday) <u>62</u> | | IF UNDER 1 YEAR Months Days Hours Min. | |
| 10a. USUAL OCCUPATION (Give kind of work done during normal working life, even if retired) <u>Laborer</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>Farm</u> | |
| 11. BIRTHPLACE (City and state or country) <u>Newtonia, Missouri</u> | | 12. CITIZEN OF WHAT COUNTRY <u>USA</u> | |
| 13a. FATHER'S NAME <u>Jess Armstrong</u> | | 13b. MOTHER'S MAIDEN NAME <u>Sina Friend</u> | |
| 14. NAME OF HUSBAND OR WIFE <u>None</u> | | 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, <u>NO</u> or unknown) (If yes, give war or dates of service) | |
| 16. SOCIAL SECURITY NO. <u>[redacted]</u> | | 17. INFORMANT Address <u>Mrs. Sina Armstrong Ritchey, Mo.</u> | |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Coronary Occlusion</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last: <u>[redacted]</u> DUE TO (b) <u>[redacted]</u> DUE TO (c) <u>[redacted]</u> | | INTERVAL BETWEEN ONSET AND DEATH <u>1 year</u> | |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) | | PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown | |
| 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | | 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | |
| 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) | | 20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year | |
| 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | |
| 20f. CITY, TOWN, OR LOCATION | | COUNTY STATE | |
| 21. I attended the deceased from <u>May 1 - 63</u> to <u>Oct 23 - 63</u> and last saw him alive on <u>Oct 10 - 63</u> Death occurred at <u>10:45</u> A m on the date stated above, and to the best of my knowledge, from the causes stated. | | | |
| 22a. SIGNATURE <u>[Signature]</u> (Degree or title) <u>MD</u> | | 22b. ADDRESS <u>Newark Mo</u> | |
| 22c. DATE SIGNED <u>10-26-63</u> | | 23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | |
| 23b. DATE <u>10-26-1963</u> | | 23c. NAME OF CEMETERY OR CREMATORY <u>Newtonia I.O.O.F.</u> | |
| 23d. LOCATION (City, town, or county) <u>Newtonia, Missouri</u> | | (State) | |
| 24. FUNERAL DIRECTOR <u>Shewmake Funeral Home</u> ADDRESS <u>Granby, Mo.</u> | | 25. DATE RECD. BY LOCAL REG. <u>10-26-63</u> | |
| 26. REGISTRAR'S SIGNATURE <u>[Signature]</u> | | | |

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Lloyd E. Skurnabe Jr

Licensed Embalmer No.

4923

P. O. Address

Box 218, Granby, Mo 64844

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.